

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS**

In re:

RICHARD E LEVINE  
DIONNE N LEVINE  
Debtors

Case No. 08-21987

---

**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 08/21/2008.
- 2) The plan was confirmed on 10/15/2008.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 01/23/2009.
- 5) The case was dismissed on 03/20/2009.
- 6) Number of months from filing to last payment: 2.
- 7) Number of months case was pending: 10.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$ 56,050.00.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$2,000.00
Less amount refunded to debtor	\$0.00

**NET RECEIPTS:** **\$2,000.00**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$1,019.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$106.00
Other	\$0.00

**TOTAL EXPENSES OF ADMINISTRATION:** **\$1,125.00**

Attorney fees paid and disclosed by debtor: \$1,026.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ASSOC ST JAMES RADIOLOGISTS	Unsecured	90.00	100.00	100.00	0.00	0.00
BARCLAYS BANK DELAWARE	Unsecured	1,570.00	571.65	571.65	0.00	0.00
CAPITAL ONE BANK	Unsecured	410.00	1,175.55	1,175.55	0.00	0.00
CAPITAL ONE BANK	Unsecured	540.00	2,291.12	2,291.12	0.00	0.00
CAPITAL ONE BANK	Unsecured	400.00	48.25	48.25	0.00	0.00
CAPITAL ONE BANK	Unsecured	2,340.00	585.00	585.00	0.00	0.00
CARLE CLINIC ASSOCIATION	Unsecured	1,050.00	1,052.45	1,052.45	0.00	0.00
CENTRAL ILLINOIS CU	Unsecured	4,050.00	5,784.35	5,784.35	0.00	0.00
CHASE BANK USA	Unsecured	920.00	3,295.48	3,295.48	0.00	0.00
CHASE BANK USA	Unsecured	2,100.00	1,164.59	1,164.59	0.00	0.00
CHASE HOME FINANCE	OTHER	NA	NA	NA	0.00	0.00
CITIBANK	Unsecured	2,000.00	3,642.14	3,642.14	0.00	0.00
CITICARDS PRIVATE LABEL	Unsecured	5,000.00	1,748.11	1,748.11	0.00	0.00
CITIMORTGAGE INC	Secured	NA	NA	NA	0.00	0.00
COMMUNITY HOSPITAL OTTAWA	Unsecured	820.00	1,208.49	1,208.49	0.00	0.00
COUNTY CARPETS	Unsecured	270.00	2,357.56	2,357.56	0.00	0.00
CREDIT ONE BANK	Unsecured	1,050.00	1,466.14	1,466.14	0.00	0.00
DELL FINANCIAL SERVICES	Unsecured	200.00	2,291.12	2,291.12	25.00	0.00
DENTAL GROUP LTD	Unsecured	50.00	516.92	516.92	0.00	0.00
ECAST SETTLEMENT CORP	Secured	150.00	150.00	150.00	49.17	0.83
ECAST SETTLEMENT CORP	Unsecured	700.00	1,184.00	1,184.00	0.00	0.00
ECAST SETTLEMENT CORP	Unsecured	NA	582.45	582.45	0.00	0.00
FIRST NATIONAL BANK MARIN	Unsecured	1,000.00	2,068.60	2,068.60	0.00	0.00
GEMB	Unsecured	500.00	NA	NA	0.00	0.00
GEMB	Unsecured	500.00	NA	NA	0.00	0.00
H & R ACCOUNTS INC	Unsecured	480.00	252.24	252.24	0.00	0.00
HOME DEPOT CREDIT SERVICES	Unsecured	960.00	103.69	103.69	0.00	0.00
HSBC	Unsecured	980.00	732.45	732.45	0.00	0.00
HSBC	Unsecured	1,440.00	3,805.66	3,805.66	0.00	0.00
HSBC	Unsecured	3,180.00	225.06	225.06	0.00	0.00
IL DEPT OF EMPLOYMENT SECURITY	Unsecured	585.00	215.08	215.08	0.00	0.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ILLINOIS VALLEY COMMUNITY HOS	Unsecured	100.00	223.87	223.87	0.00	0.00
ILLINOIS VALLEY SURGICAL	Unsecured	170.00	0.00	0.00	0.00	0.00
INTERNAL REVENUE SERVICE L-Z	Priority	5,300.00	5,396.98	5,396.98	0.00	0.00
IROQUOIS FEDERAL	Secured	NA	NA	NA	0.00	0.00
JOSEPH BEN MALLORY MD	Unsecured	130.00	NA	NA	0.00	0.00
JUNIPER BANK	Unsecured	1,580.00	NA	NA	0.00	0.00
KOHL'S	Unsecured	1,000.00	NA	NA	0.00	0.00
LONGVIEW STATE BANK	Secured	1,317.00	1,317.00	1,317.00	793.50	6.50
NORWEST FINANCIAL	Unsecured	940.00	NA	NA	0.00	0.00
RETAIL SERVICES/HRS	Unsecured	70.00	483.94	483.94	0.00	0.00
SAFEWORKS ILLINOIS	Unsecured	300.00	NA	NA	0.00	0.00
SOUTHWEST DERMATOLOGY	Unsecured	200.00	NA	NA	0.00	0.00
ST MARYS HOSPITAL	Unsecured	570.00	NA	NA	0.00	0.00
WELLS FARGO FINANCIAL	Unsecured	1,200.00	NA	NA	0.00	0.00
WELLS FARGO FINANCIAL BANK	Unsecured	2,860.00	NA	NA	0.00	0.00

**Summary of Disbursements to Creditors:**

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$1,317.00	\$793.50	\$6.50
All Other Secured	\$150.00	\$49.17	\$0.83
<b>TOTAL SECURED:</b>	<b>\$1,467.00</b>	<b>\$842.67</b>	<b>\$7.33</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$5,396.98	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$5,396.98</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$39,175.96</b>	<b>\$25.00</b>	<b>\$0.00</b>

**Disbursements:**

Expenses of Administration	<u>\$1,125.00</u>	
Disbursements to Creditors	<u>\$875.00</u>	
<b>TOTAL DISBURSEMENTS :</b>		<b><u>\$2,000.00</u></b>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 06/12/2009

By: /s/ Glenn Stearns

---

Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.